

**CEMETERY AND FUNERAL BUREAU**

P. O. Box 989003
 West Sacramento CA 95798-9003
 (916) 574-7870 FAX (916) 574-8620



APPLICATION FOR APPROVAL TO TRAIN APPRENTICE EMBALMERS
APPLICATION FEE \$100

SECTION A: ESTABLISHMENT INFORMATION			
Name of Funeral Establishment		License Number FD	
Address	City	State CA	Zip Code
Telephone Number ()	Fax Number ()	Contact Name for this Application	
How many embalmings were performed by this establishment during the last 12 months? _____	Business and Professions Code Section 7670(a)(1) requires: That not less than 50 human remains per apprentice employed have been embalmed in the establishment during the 12 months immediately preceding the date of the application.		
Does this establishment employ a full-time supervising embalmer who has at least two years' practical experience as a California licensed embalmer in the period immediately preceding this application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION B: FUNERAL DIRECTOR CERTIFICATION			
It is hereby certified that any apprentice embalmer employed by this funeral establishment shall be instructed in the study of embalming. Such instruction shall be under the supervision of an embalmer approved by the Bureau.			
In accordance with Title 16, California Code of Regulations Section 1204(b), as the managing funeral director, it is understood that I am responsible for exercising such direct supervision and control over the conduct of the funeral establishment to ensure full compliance with the Cemetery and Funeral Bureau laws, rules and regulations.			
I hereby certify under penalty of perjury under the laws of the State of California that all statements made in this application, including any attached documents, are true and correct.			
Signature of Managing Funeral Director			Date
FOR BUREAU USE ONLY			
This application has been <input type="checkbox"/> Approved <input type="checkbox"/> Denied on:			
By:		Approval Expires:	
The above named Funeral Establishment is approved to employ _____ Apprentice Embalmers, provided the Funeral Establishment employs _____ full-time, qualified Supervising Embalmers.			[Seal] Approval not valid without the Bureau seal
Date Recieved	Amount Cashiered	ATS Number	Receipt Number